

M. Remittance Advice

Review of Denied Claims2

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Supervisory unions must access their Remittance Advice (RA) electronically at www.vtmedicaid.com every week that they have claims in process. The Remittance Advice is a report of the status of all claims submitted for processing. The report should be reviewed to see which claims were paid and which claims were denied. The suggested procedure is to hold the claims submitted until the Remittance Advice is received; compare the submitted claims against the Remittance Advice to determine which claims have been paid, denied or suspended; add the paid date to those paid and file them; and research those that have not been paid. Suspended claims will show as either paid or denied on a future Remittance Advice.

Verifying that the claims have actually been paid is very important. Like all computer systems, one wrong keystroke can mean that incorrect information is submitted which could lead to a claim being denied. Any errors made can usually be corrected if you are aware that they need correcting. Checking the Remittance Advice against the claims submitted will allow you to submit corrections and adjustments if necessary. This step will ensure that the school district receives payments even if there was a mistake made in the original submission.

Remittance Advices are available at www.vtmedicaid.com. The four most recent Remittance Advices can be viewed electronically. Older Remittance Advices can be obtained by contacting the Medicaid Program Coordinator. For information on how to access RAs electronically view the Electronic Remittance Advice Training.

REVIEW OF DENIED CLAIMS

A claim can be denied for many reasons and the denial code(s) indicate the specific reason or reasons. The denial codes are printed on the last page of the printout with explanations of the codes. All denied claims should be reviewed to determine if the claim can be corrected and resubmitted.

There are two different types of denials--header level denials and claim level denials. A header level denial will appear next to the student's name/social security number on the RA. A header level denial means that the claim denied due to information in the header of the claim, such as a misspelled name or social security number. A claim level denial means that the claim denied due to information at the claim level, such as an incorrect procedure code or the claim being past the six month deadline.

More information regarding remittance advice can be found at <http://www.vtmedicaid.com/Downloads/manuals.html>. Section 4 of the Provider Manual contains detailed information regarding the layout of the remittance advice.